

<h1>Leave Recipient Application</h1> <h2>Under The Voluntary Leave Transfer Program</h2>		Optional Form 630 June 1989 U.S. Office of Personnel Management FPM Chapter 630
1. Applicant's Name (<i>Last, First, Middle Initial</i>)		2. Social Security Number
3. Employee Number		
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization (<i>Unit, Agency, Department, Office, Division, Branch, etc.</i>)		6. Payroll Office Number
7. Nature and Severity of the Medical Emergency		
8. Individual Affected by Medical Emergency (<i>Check one</i>)		
Employee <input type="checkbox"/> Employee's Family Member <input type="checkbox"/>		
9. Date Medical Emergency Began		
10. Date Medical Emergency Ended (<i>or is expected to end</i>)		
11. Name of Physician who will verify the Medical Emergency (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of the illness/ness.)		
12. What is the Applicants Leave Balance as or End of Last Pay Period?		
(Hours)		
13. How Many Hours or Leave Without Pay have been used for this Medical Emergency?		
14. Does the applicant want a description of the Medical Emergency distributed to Servicing Personnel Offices so that other Employees may donate leave to account? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes If "Yes", provide the description below.		
<input type="checkbox"/> Check, If the Applicant does not wish to have name used with the description or disclosed to anyone except Supervisor, the Supervisory channel and the Deciding Official, and Individuals who maintain the program.		
15. Name of Individual Completing the Applicant (<i>If applying on behalf of the applicant</i>)		
Relationship to Applicant		
Telephone Number		
16. I certify that the above statements are true. Signature of applicant or individual applying on behalf of the applicant		
Date Signed		
Privacy Act Statement Participation in this program is voluntary however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the application to become a leave recipient. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorized use of the Social Security Number (SSN). Furnishing the Social Security Number as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.		
17. First Level Supervisor's Recommendation, Signature, and Date Signed		
Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>		
18. Deciding Official's Decision. Signature and Date Signed		
Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>		